## What if schizophrenics really are possessedby demons, after all?

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Is there anything wrong with seriously entertaining this possibility?Not according to the author of a researcharticle published this month in *Journal of Religion and Health*. In 'Schizophrenia or possession?',<sup>1</sup> M. Kemal Irmak notes that schizophrenia is a devastating chronic mental condition often characterised by auditory hallucinations. Since it is difficult to make sense of these hallucinations, Irmak invites us 'to consider the possibility of a demonic world' (p. 775).Demons,he tells us, are 'intelligent and unseen creatures that occupy a parallel world to that of mankind' (p. 775).They have an 'ability to possessand take over the minds and bodies of humans' (p. 775), in which case'[d]emonic possessioncan manifest with a range of bizarre behaviors which could be interpreted as a number of different psychotic disorders' (p. 775). The lessons for schizophrenia that Irmak draws from these observations are worth quoting in full:

Asseen above, there exist similarities between the clinical symptoms of schizophrenia and demonic possession. Common symptoms in schizophrenia and demonic possession such as hallucinations and delusions may be a result of the fact that demons in the vicinity of the brain may form the symptoms of schizophrenia. Delusions of schizophrenia such as "My feelings and movements are controlled by others in a certain way" and "They put thoughts in my head that are not mine" may be thoughts that stem from the effects of demons on the brain. In schizophrenia, the hallucination may be an auditory input also derived from demons, and the patient may hear these inputs not audible to the observer. The hallucination in schizophrenia may therefore be an illusion—a false interpretation of a real sensory image formed by demons. This input seemsto be construed by the patient as "bad things," reflecting the operation of the nervous systemon the poorly structured sensory input to form an acceptable

percept. On the other hand, auditory hallucinations expressed as voices arguing with one another and talking to the patient in the third person may be a result of the presence of more than one demon in the body. (p. 776)

Irmak concludes that 'it is time for medical professions to consider the possibility of demonic possession in the etiology of schizophrenia' and that 'it would be useful for medical professions to work together with faith healers to define better treatment pathways for schizophrenia' (p. 776).

This is a dumbfounding argument, and it is shocking to find it published in a post-mediaeval peer-reviewed journal. Lest anyone suspect me of being unfairly prejudiced against the possibility of demons, let me point out that even those who subscribe to a demonic metaphysics should not be persuaded by Irmak's argument. His observation that 'there exist similarities between the clinical symptoms of schizophrenia and demonic possession'is no more surprising than the observation that there exist similarities between financial compensation for childhood tooth loss and visits by the tooth fairy: in each case, the latter is a hypothesis motivated by a desire to explain the former. If the uncanny similarity between schizophrenia and demonic possession evidence that demonic possessions real, then the uncanny similarity between financial compensation for childhood tooth loss and visits by the tooth fairy is presumably evidence that the tooth fairy is real. Admittedly, there is an important disanalogy between the two cases:scienceknows how and why children get compensated for their lost teeth, but not exactly how and why schizophrenics experience auditory hallucinations.<sup>2</sup> But, evenso, in the words of the comedian DaraÓ Briain, 'just becausesciencedoesn't know everything doesn't mean you can fill in the gapswith whatever fairy tale most appeals to you'.

What is most concerning about this argument is not that Irmak believes demonic possession to be worthy of serious consideration in explaining schizophrenia. Peoplehold bizarre beliefs all the time, and it may be that Irmak is well-intentioned; indeed, he dedicates his paper 'to the American mathematician John Forbes Nashand to all schizophrenic patients'. What I find more disturbing is that the editorial board and peer reviewers of a scholarly publication, in 2014, find this view of mental illness worthy of dissemination. Those who have espoused similarly fanciful hypotheses about other sorts of misfortunes have, in recent years, been lambasted: recall Glenn Hoddle's claim that <u>disability is a punishment for sins committed in past lives</u>, and William Roache's apparent suggestion that people wouldn't be sexually abused unless they had misbehaved 'in previous lives or whatever'. Such views are dehumanising and disrespectful to, respectively, disabled and sexually abused people, and they shift focus away from serious efforts to improve these people's lives.

Why, then, are schizophrenic patients fair game, at least at the *Journal of Religion and Health*? The most charitable explanation that I can think of is that the publication of the article was a result of grosseditorial oversight. Another explanation—onethat is perhaps, unfortunately, more realistic—isthat there is still a

long way to go before those with serious mental illnesses like schizophrenia are universally recognised as suffering from the worst sort of afflication that can befall a person.

## References

<sup>1</sup> Irmak, M.K. 2014: 'Schizophrenia or possession?' *Journal of Religion and Health* 53: 773–77.

<sup>2</sup> If anyone disagrees with this, perhaps the *Journal of Religion and Health* would be interested to hear about it.

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